

# United States District Court

DISTRICT OF

Massachusetts  
CLERK'S OFFICE

JAMES W. BARTON

~~Plaintiff~~ Petitioner

APPLICATION TO PROCEED  
WITHOUT PREPAYMENT OF  
FEES AND AFFIDAVIT

DISTRICT COURT  
DISTRICT OF MASS.

v.  
STEVEN J. O'BRIEN  
~~Defendant~~ Respondent

NO. 04-1148

CASE NUMBER:  
In re: 4:03-CV-40271

U.S. DISTRICT COURT

1. JAMES W. BARTON

☒ petitioner/plaintiff/movant ☐ other declare that I am the (check appropriate box)

in the above-entitled proceeding; that in support of my request to proceed without prepayment of fees or costs under 28 U.S.C. §1915 I declare that I am unable to pay the costs of these proceedings and that I am entitled to the relief sought in the complaint/petition/motion.

In support of this application, I answer the following questions under penalty of perjury.

1. Are you currently incarcerated? ☒ Yes ☐ No (If "No" go to Part 2)  
If "Yes" state the place of your incarceration NCCIP, Box 466, Gardner, MA 01440

Are you employed at the institution? NO Do you receive any payment from the institution? NO

Have the institution fill out the Certificate portion of this affidavit and attach a ledger sheet from the institution(s) of your incarceration showing at least the past six months' transactions.

2. Are you currently employed? ☐ Yes ☒ No

a. If the answer is "Yes" state the amount of your take-home salary or wages and pay period and give the name and address of your employer.

b. If the answer is "No" state the date of your last employment, the amount of your take-home salary or wages and pay period and the name and address of your last employer.

Not App.

3. In the past twelve months have you received any money from any of the following sources?

a. Business, profession or other self-employment	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
b. Rent payments, interest or dividends	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
c. Pensions, annuities or life insurance payments	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
d. Disability or workers compensation payments	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
e. Gifts or inheritances	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
f. Any other sources	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

If the answer to any of the above is "yes" describe each source of money and state the amount received and what you expect you will continue to receive.

Family sends \$10.00 or \$20.00 once in a while.

MASSACHUSETTS  
DEPARTMENT OF CORRECTION  
Inmate Transaction History  
Summary Report

NCCI-GARDNER

Inmate Name.....	<u>BARTON JAMES W.</u>
Commitment number....	<u>W80583</u>
Period encompassed....	<u>8/9/03 THRU 2/9/04</u>
Six Month Average Daily Balance	<u>3.21 0.00 3.21</u>
20% of Six Month Average Daily Balance	<u>0.64</u>
Total Expenditures for Period	<u>50.56</u>
Total Income for Period	<u>50.08</u>

To the best of my knowledge, the above summary information is true and accurate:

Signed Sheila Cregg  
Sheila Cregg, Treasurer

Time: 1:45

Date: 2/9/04

Note: A copy of the inmate's account activity statement for the six month period ("Inmate Transaction History") is attached.

AO 340 (Rev. 1/94)

4. Do you have any cash or checking or savings accounts?

☐ Yes☒ No

If "yes" state the total amount. \_\_\_\_\_

5. Do you own any real estate, stocks, bonds, securities, other financial instruments, automobiles or other valuable property? ☐ Yes ☒ No

If "yes" describe the property and state its value. \_\_\_\_\_

6. List the persons who are dependent on you for support, state your relationship to each person and indicate how much you contribute to their support. \_\_\_\_\_

*Not app.*

I declare under penalty of perjury that the above information is true and correct.

Feb. 9-04  
DATEJames W. Barton  
SIGNATURE OF APPLICANT**CERTIFICATE**

(Incarcerated applicants only)

(To be completed by the Institution of Incarceration)

I certify that the applicant named herein has the sum of \$ SAY, 68¢ PER on account to his/her credit at (name of Institution) NCCT-GARDNER. I further certify that the applicant has the following securities to his/her credit: N/A

I further certify that during the past six months the applicant's average balance was \$ .64¢

2/9/04  
DATESheila Gregg  
SIGNATURE OF AUTHORIZED OFFICER

PROPERTY - PROPERTY